

**MONONA GROVE SCHOOL DISTRICT  
GRADUATE CREDIT TUITION REIMBURSEMENT  
APPROVAL REQUEST**

**This form must be submitted and approval must be granted, prior to enrollment in the course for which reimbursement is being requested.**

Name \_\_\_\_\_ Date \_\_\_\_\_

College or University from which credit will be granted: \_\_\_\_\_

Course number \_\_\_\_\_ \*Course Title \_\_\_\_\_

\*Attach copy of course description

Number of Credits \_\_\_\_\_

Class Start Date \_\_\_\_\_ Class Completion Date \_\_\_\_\_

Will this course lead directly to a Master's or Doctorate Degree?      Yes \_\_\_    No \_\_\_

Name of Master's or Doctorate Program: \_\_\_\_\_

(A list of all courses required for the Master's or Doctorate Program and a copy of a letter of acceptance from the College or University must be submitted to the Superintendent for approval.)

How does this course relate to your current teaching assignment or improvement of professional competence?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**For office use only:**

Approved for reimbursement:    Yes \_\_\_\_\_    No \_\_\_\_\_

Reason for non-approval: \_\_\_\_\_

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Superintendent of Operations, Business  
Services, and HR

\_\_\_\_\_  
Date